

ILRS SLR MISSION SUPPORT REQUEST FORM

GENERAL INFORMATION

Satellite Name: _____

Satellite Host Organization: _____

Primary Technical Contact: _____

Address: _____

Phone No.: _____

FAX No.: _____

E-mail Address: _____

Web Address: _____

Alternate Technical Contact:

Address: _____

Phone No.: _____

FAX No.: _____

E-mail Address: _____

Web Address: _____

Primary Science Contact: _____

Address: _____

Phone No.: _____

FAX No.: _____

E-mail Address: _____

Web Address: _____

Alternate Science Contact: _____

Address: _____

Phone No.: _____

FAX No.: _____

E-mail Address: _____

Web Address: _____

MISSION SPECIFICS:

Scientific or Engineering Objectives of Mission: _____

Satellite Laser Ranging (SLR) Role of Mission: _____

Anticipated Launch Date: _____

Expected Mission Duration: _____

ANTICIPATED ORBITAL PARAMETERS:

Altitude: _____

Inclination: _____

Eccentricity: _____

TRACKING REQUIREMENTS:

Tracking Schedule: _____

Spatial Coverage: _____

Temporal Coverage: _____

Data Accuracy: _____

OPERATIONS REQUIREMENTS:

Mission Coordinator (ILRS, Subnetwork, etc.): _____

Priority of SLR for POD: _____

Other Sources of POD (GPS, PRARE, Doppler, etc.): _____

Primary Analysis Center: _____

Normal Point Time Span (sec): _____

Subnetworks/Stations Requested to Track: _____

Data Delivery Time Requirements: _____

RETROREFLECTOR ARRAY INFORMATION:

Description of Array and Location: _____

Technical Contact for Array Correction/Center of Mass:

Phone No.: _____

E-mail Address: _____

Other Comments: _____

This is a reminder that it is critical that you acknowledge the ILRS and include SLR as a "key word" in your papers and presentations that rely on SLR data and results. The SLR community relies on these citations and references to strengthen its requests for continued support from its funding organizations.

Send form to: ILRS Central Bureau
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